

## COBRA Monthly Rates

(Effective July 1, 2017)

### Quality Care Health Plan (Carrier Code D3)

	<b><u>Total</u></b>
Member Only	\$1,151.03
Member Plus 1 Non Medicare Dependent	\$2,388.49
Member Plus 2 or More Dependents	\$2,704.65
Member Plus 1 Medicare Primary Dependent	\$1,684.92
Member Plus 2 or More Medicare Primary Dependents	\$2,704.65

### Health Alliance HMO (Carrier Code AH)

	<b><u>Total</u></b>
Member Only	\$ 883.28
Member Plus 1 Non Medicare Dependent	\$1,627.74
Member Plus 2 or More Dependents	\$2,189.29
Member Plus 1 Medicare Primary Dependent	\$1,423.16
Member Plus 2 or More Medicare Primary Dependents	\$2,189.29

### Healthlink (Carrier Code CF)

	<b><u>Total</u></b>
Member Only	\$ 925.14
Member Plus 1 Non Medicare Dependent	\$1,703.66
Member Plus 2 or More Dependents	\$2,280.78
Member Plus 1 Medicare Primary Dependent	\$1,493.61
Member Plus 2 or More Medicare Primary Dependents	\$2,280.78

### HMO Illinois (Carrier Code BY)

	<b><u>Total</u></b>
Member Only	\$ 780.69
Member Plus 1 Non Medicare Dependent	\$1,438.97
Member Plus 2 or More Dependents	\$1,938.98
Member Plus 1 Medicare Primary Dependent	\$1,252.97
Member Plus 2 or More Medicare Primary Dependents	\$1,938.98

### Aetna (formerly Coventry) Healthcare HMO (Carrier Code AS)

	<b><u>Total</u></b>
Member Only	\$ 884.28
Member Plus 1 Non Medicare Dependent	\$1,629.57
Member Plus 2 or More Dependents	\$2,191.73
Member Plus 1 Medicare Primary Dependent	\$1,412.66
Member Plus 2 or More Medicare Primary Dependents	\$2,191.73

**Aetna (formerly Coventry) Healthcare OAP (Carrier Code CH)**

	<b><u>Total</u></b>
Member Only	\$ 754.92
Member Plus 1 Non Medicare Dependent	\$1,390.20
Member Plus 2 or More Dependents	\$1,862.50
Member Plus 1 Medicare Primary Dependent	\$1,221.14
Member Plus 2 or More Medicare Primary Dependents	\$1,862.50

**BlueAdvantage (Carrier Code CI)**

	<b><u>Total</u></b>
Member Only	\$ 746.84
Member Plus 1 Non Medicare Dependent	\$1,376.69
Member Plus 2 or More Dependents	\$1,856.38
Member Plus 1 Medicare Primary Dependent	\$1,197.97
Member Plus 2 or More Medicare Primary Dependents	\$1,856.38

**Quality Care Dental Plan**

	<b><u>Total</u></b>
Member Only	\$ 36.98
Member Plus 1 Non Medicare Dependent	\$ 65.71
Member Plus 2 or More Dependents	\$ 113.24